

Please see Centers for Disease Control and Prevention resources available at:

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

Information in this document is current as of Aug. 12, 2021, and is subject to change.

Close Contacts

Q-1: How does the close contact definition differ in schools versus other settings?

A-1: The Centers for Disease Control and Prevention's (CDC) close contact definition is someone who was within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

In the K-12 indoor classroom setting, the close contact definition *excludes* students who were within three to six feet of an infected student where:

- Both students were engaged in consistent and <u>correct</u> use of well-fitting masks;
 and
- Other <u>K-12 school prevention strategies</u> were in place in the K-12 school setting.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Q-2: If I have been vaccinated, am I required to quarantine if I am a close contact?

A-2: According to the Centers for Disease Control and Prevention (CDC), fully vaccinated individuals who are asymptomatic do not need to quarantine at home following exposure. These individuals, however, should be tested 3-5 days following the date of their exposure. They should also wear a mask in public indoor settings for 14

days or until they have received a negative result. If the result is positive, the individual should follow COVID-19 isolation procedures.

Q-3: What is the close contact quarantine protocol for individuals not fully vaccinated?

A-3: For individuals not fully vaccinated, the Centers for Disease Control and Prevention (CDC) recommends 14 days of quarantine from the day of last exposure to a person with COVID-19. The quarantine period is the length of the incubation period (or how long it may take a person to become ill with COVID-19) for COVID-19.

- CDC has provided two alternatives that have been adopted by the South Dakota Department of Health:
 - o Release from quarantine after 7 days
 - Assumes the person in quarantine:
 - Has remained asymptomatic (has no symptoms), and
 - Has a negative molecular or rapid antigen test that was collected on day 5 or later, after their last contact with a person with COVID-19, and
 - Continues to mask and monitor their symptoms for the remainder of the 14-day period
 - Release from quarantine after 10 days
 - Assumes the person in quarantine:
 - Has remained asymptomatic (has no symptoms), and
 - Is not tested, and
 - Continues to mask and monitor their symptoms for the remainder of the 14-day period
 - In both 7- and 10-day quarantine, if an individual begins experiencing symptoms at any point during the 14 days (even if tested negative), they should remain at home or return home and seek testing.

See the DOH's Quarantine and Isolation Calculator <u>here</u> to calculate an individual's quarantine period.

Q-4: If a student who is identified as a close contact by the South Dakota Department of Health (DOH) tests negative for COVID-19 during the 14-day quarantine period, can they return to school?

A-4: Under certain circumstances, a student who is not fully vaccinated may return to activities with a negative test. A student may return to activities after day 7 if they:

- Remain asymptomatic,
- Test on day 5 or later of their quarantine, and

That negative result is received by day 7.

Students not fully vaccinated may return to activities after day 10 of quarantine if they remain asymptomatic. The DOH recommends close contacts continue to mask and monitor for symptoms through day 14 and consult their health care provider should they develop symptoms.

The DOH does not release close contacts from quarantine. If a close contact follows the process for removal from quarantine after day 7, the parent will be responsible for any notification or proof of negative test to the school.

Q-4: If a student has tested positive for COVID-19, completed isolation and recovered, can they still be a close contact and recommended to quarantine?

A-4: An individual with a positive COVID-19 test, who has since recovered, need not quarantine if:

- the close contact exposure is within 90 days from symptom onset (or the test date if asymptomatic); and
- the individual does not develop symptoms.
 - OR -
- the individual has had a positive COVID-19 antibody test in the last 90 days AND
- Remains without COVID-19 symptoms (for example, cough, shortness of breath)

Those within the 90-day window who have another close contact exposure, and develop symptoms, should consult with their health care provider.

Anyone outside of that 90-day window with a close contact exposure is recommended to quarantine. Please see above for protocols based on vaccination status.

Q-5: May a school district allow students identified as close contacts to attend school physically (in a school building versus distance learning)?

A-5: The South Dakota Department of Health (DOH) and Centers for Disease Control and Prevention (CDC) recommend that close contacts of individuals who have tested positive for COVID-19 quarantine. School boards have the ability to define the conditions under which close contacts may resume school attendance. Some school

boards have implemented policies that seek to balance public health concerns with the academic, social-emotional, and mental health needs of students. These policies may draw from the guidance available regarding critical infrastructure (or essential) workers and provide an approach that combines mitigation strategies and common sense. These policies are for *asymptomatic* close contacts only.

Contact Tracing

Q-1: Will the Department of Health (DOH) conduct contact tracing in schools during the 2021-22 school year?

A-1: Yes – the process will remain the same as it was at the end of school year 2020-21. DOH will confirm positive cases and inform school points-of-contact (POC) of these cases, as well as follow up with workbooks, technical assistance, guidance, and consultation for schools. For more information, school POCs can reach out to either their DOH POC or the Department of Education.

Please keep in mind that as the situation changes, guidance and protocols may change during the school year.

Vaccinations

Q-1: Will the state require COVID-19 vaccinations for school attendance, similar to other vaccination requirements?

A-1: Immunization against COVID-19 is not a required vaccination for school attendance as required by <u>SDCL 13-28-7.1.</u>

Q-2: Are students who are participating in distance learning still required to be vaccinated against other infectious diseases?

A-2: Yes, state law requires any child, prior to admission, to provide certification that the child has received, or is in the process of receiving, adequate immunization against certain infectious diseases. See <u>SDCL 13-28-7.1</u>.

Q-3: Can staff or students who are fully vaccinated still become sick with COVID-19 and transmit it to others?

A-3: Yes. The SARS-CoV-2 virus can cause even fully vaccinated individuals to become sick with and transmit COVID-19 to others. However, vaccines, along with appropriate mitigation efforts, are still recommended as the best way to slow the spread of the virus. Vaccines keep individuals from getting sick, being hospitalized, or dying from COVID-19.

See above for recommended protocols for fully vaccinated individuals who have come in close contact with someone with COVID-19.

COVID-19 Testing

Q-1: What COVID-19 testing options are available to schools for the 2021-22 school year?

A-1: The South Dakota Department of Health (DOH) has made available to schools two testing options:

- Abbott BinaxNOW rapid antigen test kits. Testing cards are distributed based on a school's student population but are available for schools to use within their school community as best fits their needs. These tests must be performed in the school setting by a trained individual. When used to interpret the infectiousness of the individual, they produce highly reliable results for districts to make quick determinations regarding mitigation strategies. For more information, please see the <u>presentation to school administrators and nurses</u> or <u>this resource</u> from the FDA.
- Quidel QuickVue over-the-counter (OTC) test kits. Test kits are distributed based on the school's estimated student and teacher population and are available for schools to use within their school community as best fits their needs. These tests, unlike the Abbott BinaxNOW tests, may be sent home with a student and performed at home. The Quidel QuickVue OTC test is appropriate for symptomatic or asymptomatic individuals.

See more information on the testing options available on the Department of Education's (DOE) <u>Strong Schools</u> site.

Q-2: Can the Abbott BinaxNOW rapid antigen tests be used to meet the testing criteria for release from quarantine after day 7, even with asymptomatic individuals?

A-2: Yes. Any molecular (PCR) or rapid antigen test, including the BinaxNOW rapid test provided to schools, may be used to satisfy the requirement for a negative test result for

release after day 7. While this is acceptable, BinaxNOW is most appropriate for symptomatic individuals.

As an alternative, the DOH offers all close contacts at-home saliva test kits. These can be received through contact tracing or through the South Dakota Department of Health (DOH) webpage at https://learn.vaulthealth.com/southdakota/

Q-3: Can the Quidel Quickvue OTC test be used to meet the testing criteria for release from quarantine after day 7, even with asymptomatic individuals?

A-3: Yes, provided the result is negative and the individual remains asymptomatic. If symptomatic and a negative test, it is recommended for the individual to consult with their medical provider and pursue re-testing for confirmation. If ill, individuals should remain at home.

Q-4: After a positive COVID-19 test, will an individual receive a result indicating if the infection is the result of a COVID-19 variant?

A-4: No. All COVID-19 tests can detect all current variants, but the test will not tell you which variant you have.

Variant identification is determined through genetic sequencing at the South Dakota Public Health Laboratory or private laboratories. Information from variant testing provides insight on population-level surveillance, but it is not meant for individual clinical decision making.